



# KanCare and You

Kansas Integrated Care

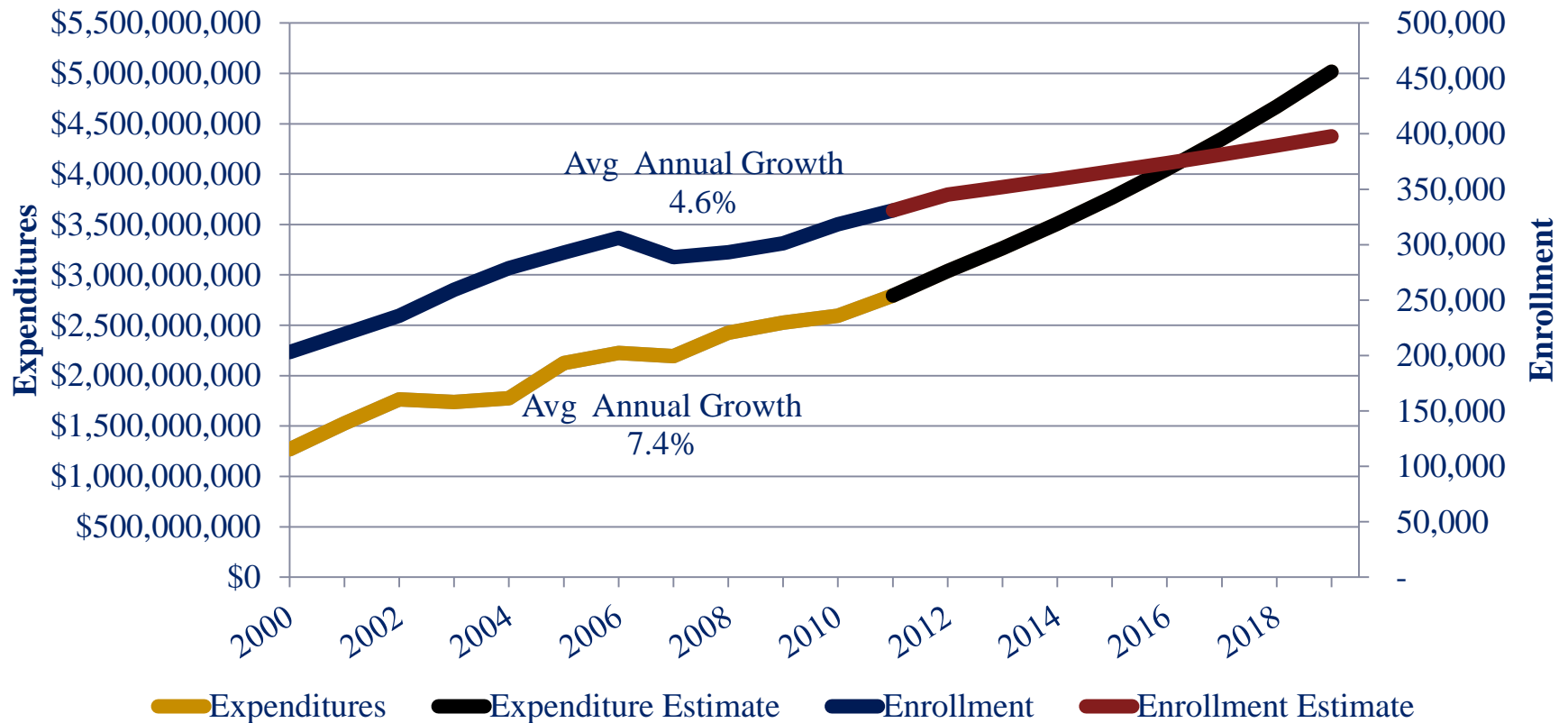
Fall/Winter 2011

# How We Got Here

- Long-term increases in Medicaid spending is due to an increase in enrollment and spending per person.
- It is not “just the economy” – Kansas is in the middle of a sustained period of accelerated growth as baby boomers reach age of acquired disability.

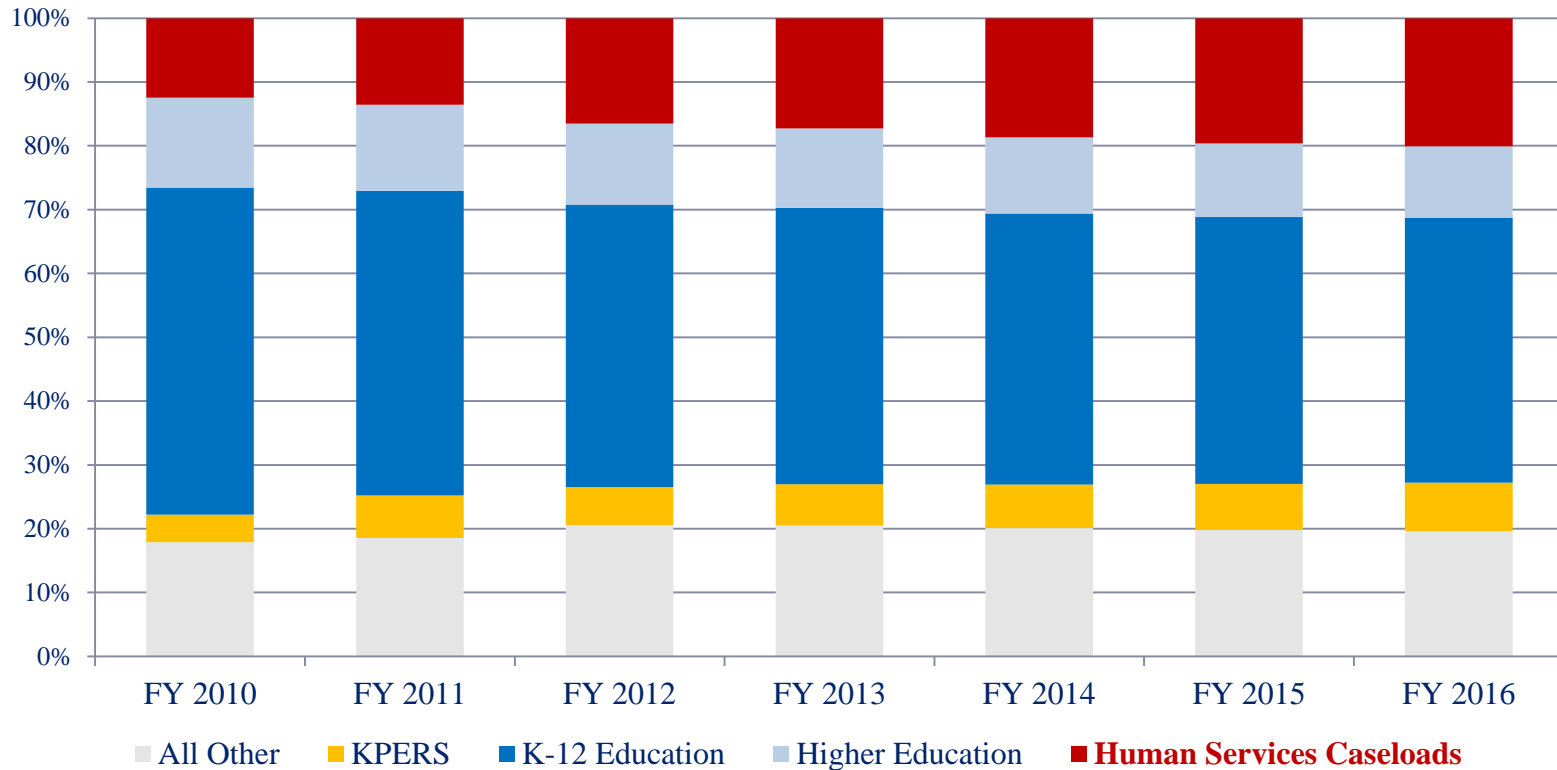
# How We Got Here

## Total Medicaid – without KanCare



# Crowding Out Effect

## Expenses as % of State General Fund

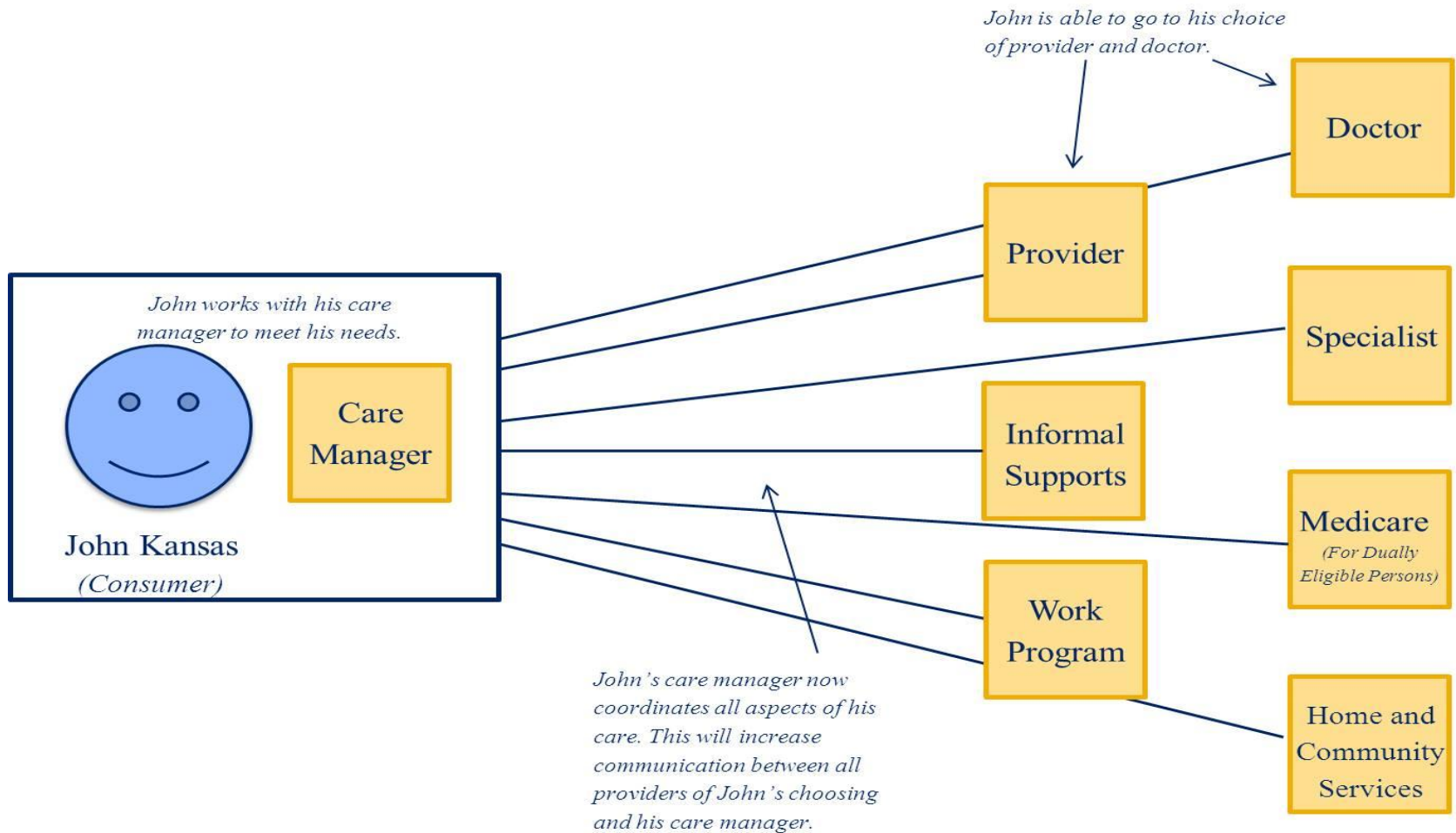


FY 12-16 is projected spending; it illustrates the impact on other programs if Medicaid spending growth continues, at the current rate. The graph assumes the projected growth would be offset in other programs.

# Kansas Opportunities

- **Reducing Health Care Fragmentation**
  - There is no uniform set of outcomes, measures or incentives to make sure individuals' health is improving for insurance companies or health care providers.
- **Integrated Whole-Person Care**
  - Providing financing around care for whole person.
  - Utilizing patient-centered medical homes.
- **Preserving Independence or Creating a Path to Independence**
  - Aligning incentives among health care providers and individuals receiving Medicaid benefits.
  - Preventing or delaying institutionalization.
- **Alternative Access Models**
  - Utilizing technology and nontraditional settings for care administration.
  - Thinking creatively about who can deliver care.

# KanCare System



# The KanCare Solution

- **Person-Centered Care Coordination**
  - There will be 3 integrated care companies, you will choose one to enroll with. Your KanCare company will:
    - Improve your health and coordinate all aspects of your care.
    - Be held accountable for improving your health, not for cutting services.
    - Use established community partners, such as CDDOs, CMHCs, CILs and AAAs.
    - Ensure provider quality.
    - Educate you about your health, medications and preventative measures you can take.
  - Health homes will be created initially for individuals with a mental illness, diabetes or both.

# The KanCare Solution

- **Person-Centered Care Coordination**
  - Coordinate Medicare and Medicaid coverage.
  - Create a conflict-free eligibility and enrollment process.
  - Prevent premature institutional placement.
  - Case management structure that fully integrates and coordinates care across all health care settings.



# KanCare Performance Measures

- Physical Health
  - Comprehensive Diabetes Care.
  - Well child visits within first 15 months of life.
  - Prenatal and postpartum care.
  - Annual monitoring for patients on persistent medications.
  - Follow-up after hospitalization for mental illness.
- Behavioral Health
  - Number who gain and maintain competitive employment.
  - Substance Use Disorder services measures.
  - Decrease utilization of inpatient psychiatric services.
  - Exceed current community integration rates.

# KanCare Performance Measures

- Long-Term Care
  - Reduce re-admissions to hospital from nursing home.
  - Number of nursing home days vs. total number of nursing home eligible individuals.
  - Customer satisfaction survey results.
  - Percent of clean nursing home payment claims.
  - Percent of total nursing home resident days provided in homes designated as “Person-Centered Care Homes” by the PEAK program.

# The KanCare Solution

- **Integrated whole person care.**
- **Build capacity in home and community based settings.**
- **Develop risk-based, capitated payment model.**
- **State agency re-organization.**

# The KanCare Solution

## Projected Savings

*(Assumes conservative baseline of 6.6% growth in Medicaid without reforms.)*

Year	Savings
FY 2013	\$29 million
FY 2014	\$113 million
FY 2015	\$198 million
FY 2016	\$235 million
FY 2017	\$277 million
Total	\$853* million

*\*\$367 million from State General Fund*



# State Agency Reorganization



## From SRS:

- Medicaid Waivers
  - Developmental Disability
  - Physical Disability
  - Traumatic Brain Injury
  - Technical Assistance
  - Autism
- Mental Health and Substance Abuse
  - Seriously Emotionally Disturbed Medicaid Waiver
- State Hospitals/Institutions

## From KDHE:

- Some Health Occupations Credentialing

- KanCare Finance
- KanCare Oversight



# QUESTIONS?